



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

May 3, 2024

Trisha Sverns  
West Michigan Partnership for Children  
PO Box 232  
Dorr, MI 49323

RE: License #:       CB410381414

Dear Ms. Sverns:

This letter is to advise you that the corrective action plan you submitted, regarding each rule violation cited in the recently completed Renewal Inspection Report is approved.

It is expected that the corrective action plan will be implemented within the time frames as outlined in your plan.

A follow-up evaluation will be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the area manager, Samantha Way, at (517) 243-9743.

Sincerely,

A handwritten signature in blue ink that reads "Melinda Gubbins".

Melinda Gubbins, Licensing Consultant  
MDHHS\Division of Child Welfare Licensing  
701 S. Elmwood, Ste. 11  
Traverse City, MI 49684  
(231) 342-3721

**CORRECTIVE ACTION PLAN (CAP)**  
Michigan Department of Health and Human Services  
Division of Child Welfare Licensing

Facility Name <b>West Michigan Partnership for Children</b>	License # <b>CB410381414</b>	Date <b>4/15/2024</b>
Type of Inspection <input checked="" type="checkbox"/> Renewal/Interim <input type="checkbox"/> Special Investigation#		

Inspecting/Investigating consultant name <b>Melinda Gubbins</b> Michigan Department of Health and Human Services – Division of Child Welfare Licensing		
Address <b>701 S Elmwood, Ste. 11</b>		
City <b>Traverse City</b>	State <b>MI</b>	Zip Code <b>49684</b>

Description of CAP (Optional) <b>This CAP was developed following the receipt of the Renewal Inspection concluded on 3/25/2024.</b>
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In response to the above noted licensing inspection/investigation, please accept the following corrective action plan to bring the facility into compliance with licensing rules.
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Licensing Rule Violation	Is this a subsequent violation for the same rule within 2 years?  Yes No	Plan for compliance achievement. If this is a subsequent violation for the same rule, explain why the previous CAP was unsuccessful.	Individual responsible for CAP implementation	Time frame for implementation	Plan for ongoing maintenance, including time frame	Date implemented or completed on
CPA Rule 400.12212 Personnel Records	No	N/A- not a repeat violation  As of 4/1/2024, The onboarding checklist has been updated to include reference checks prior to first day. Executive Assistant will check onboarding checklist completion before scheduling first day of work.	Amber Campos, Executive Assistant	4/1/2024	As of 4/1/2024, The onboarding checklist has been updated to include reference checks prior to first day. Executive Assistant will check onboarding checklist completion before scheduling first day of work. <i>EVIDENCE FOR DCWL- onboarding checklist template.</i>  Personnel file audits are conducted by the executive assistant at least twice per year. File audits are conducted using an audit tool and results	The WMPC employee onboarding checklist update was completed on 4/1/2024.  File audits are scheduled to be conducted biannually, in January and July of each year.

					<p>of the audit are documented and distributed to the Leadership Team. Amber will work with the manager to address any deficits identified during case reviews.</p> <p><i>Evidence for DCWL- completed audit checklists; communication with leadership team (emails)</i></p>	
<p>CWCC Contract: Attachment G</p> <p>Service Plan Approval</p>	<p>Yes</p>	<p>Employee turnover is the suspected reason that the <u>CAP was unsuccessful</u> last year in rectifying performance to benchmark.</p> <p>This year, we have targeted quality improvement activities in this area to further support newer employees and the quality of service plan submissions to supervisors.</p>	<p>Krystle Bailey, Care Coordination Manager</p>	<p>4/15/2024</p>	<p>The EMT Subgroup will discuss best practices in timely service plan approval, including exploring developing network-wide report writing checklist that agency workers shall utilize to ensure all necessary components are addressed in the first draft of the report. The EMT Subgroup will also discuss how the agency can embed regular</p>	<p>The next EMT Subgroup is scheduled to meet on 4/16/2024; this topic will be brought to the group and discussed during subsequent meetings that occur every other month.</p>

					<p>report writing support by supervisor and/or team lead into program operations.</p> <p><i>Supporting evidence for DCWL - EMT Sub Group meeting notes and any developed tools/resources.</i></p>	
<p>CWCC Contract: Attachment G</p> <p>Worker-Parent Visits</p>	<b>No</b>	<p>N/A- not a repeat violation</p> <p>The PQI Coordinator will complete Modified Implementation Sustainability and Exit Plan (MISEP) Spreadsheets monthly to track trends for missed visits.</p> <p><i>Evidence for DCWL- completed MISEP Spreadsheets.</i></p> <p>The PQI Coordinator will present Worker Parent data at the monthly PQI</p>	<p>Jamie Ferrell, PQI Coordinator and Patty Nikolich, PQI Manager</p>	3/1/2024	<p>The PQI Coordinator will complete Modified Implementation Sustainability and Exit Plan (MISEP) Spreadsheets monthly to track trends for missed visits.</p> <p><i>Evidence for DCWL- completed MISEP Spreadsheets.</i></p> <p>The PQI Coordinator will present Worker Parent data at the monthly PQI Network Meeting and facilitate discussion to identify best practices and barriers. Meeting minutes will be</p>	<p>Introduced on 3/1/24 via PIP for CCWC review; ongoing monthly meetings scheduled on the third Wednesday, monthly.</p>

		<p><b>Network Meeting and facilitate discussion to identify best practices and barriers. Meeting minutes will be documented and shared with the group, highlighting best practices.</b></p> <p><i>Evidence for DCWL- PQI Network meeting minutes</i></p>			<p><b>documented and shared with the group, highlighting best practices.</b></p> <p><i>Evidence for DCWL- PQI Network meeting minutes</i></p>	
<p><b>CWCC Contract: Attachment G</b></p> <p><b>Parent-Child Visits</b></p>	<b>No</b>	<p><b>N/A- not a repeat violation</b></p> <p><b>The PQI Coordinator will complete Modified Implementation Sustainability and Exit Plan (MISEP) Spreadsheets monthly to track trends for missed visits.</b></p> <p><i>Evidence for DCWL- completed MISEP Spreadsheets.</i></p>	<p><b>Jamie Ferrell, PQI Coordinator and Patty Nikolich, PQI Manager</b></p>	<b>4/15/2024</b>	<p><b>The PQI Coordinator will complete Modified Implementation Sustainability and Exit Plan (MISEP) Spreadsheets monthly to track trends for missed visits.</b></p> <p><i>Evidence for DCWL- completed MISEP Spreadsheets.</i></p> <p><b>The PQI Coordinator will present Parent Child data at the monthly PQI Network Meeting and facilitate discussion to</b></p>	<p><b>Introduced on 4/17/24; ongoing monthly meetings scheduled on the third Wednesday, monthly.</b></p>

**The PQI Coordinator will present Parent Child data at the monthly PQI Network Meeting and facilitate discussion to identify best practices and barriers. Meeting minutes will be documented and shared with the group, highlighting best practices.**  
*Evidence for DCWL- PQI Network meeting minutes*

**identify best practices and barriers. Meeting minutes will be documented and shared with the group, highlighting best practices.**  
*Evidence for DCWL- PQI Network meeting minutes*

<p>CWCC Contract: Attachment G</p> <p>Medical-Periodic</p>	<p>Yes</p>	<p>The WMPC Network began utilizing the DHHS HLO to assist with initial medical appointments on 6/1/23; removing this task from the PAFC partners has allowed them to focus on compliance for periodic medical appointments which is why we suspect the <u>CAP was not successful</u> in rectifying performance to benchmark standards.</p>	<p>Jamie Ferrell, PQI Coordinator and Patty Nikolich, PQI Manager</p>	<p>3/1/2024</p>	<p>The PQI Coordinator will complete Modified Implementation Sustainability and Exit Plan (MISEP) Spreadsheets to track trends for missed appointments. <i>Evidence for DCWL- completed MISEP Spreadsheets.</i></p> <p>The PQI Coordinator will present medical data at the monthly PQI Network Meeting and facilitate discussion to identify best practices and barriers. Meeting minutes will be documented and shared with the group. <i>Evidence for DCWL- PQI Network meeting minutes</i></p>	<p>Introduced on 3/1/24 via PIP for CCWC review; ongoing monthly meetings scheduled on the third Wednesday, monthly.</p>
<p>CWCC Contract: Attachment G</p> <p>Dental- Initial</p>	<p>Yes</p>	<p>Because this is a repeat violation, the WMPC network implemented new</p>	<p>Jamie Ferrell, PQI Coordinator and Patty</p>	<p>3/1/2024</p>	<p>WMPC will form a partnership with a mobile dentist in Kent County. <i>Evidence for</i></p>	<p>Introduced on 3/1/24 via PIP for CCWC review; ongoing</p>



	<p>supports beginning on 3/1/2024, to address barriers to timely dental appointments, including addressing barriers such as transportation and provider availability by having a mobile dentist come to the private agencies monthly. It is suspected that the previous <u>CAP was not successful</u> in improving this metric due to systemic issues with dental providers in the local community (i.e., difficulties with getting timely appointments, receiving paperwork timely, etc. The new CAP proposed is</p>	<p>Nikolich, PQI Manager</p>		<p><i>DCWL- Service Agreement with Destiny Dental</i></p> <p>The mobile dental clinic locations will rotate monthly across the service providers within the WMPC Network. WMPC will serve as a liaison to track and monitor appointments via the MISEP Spreadsheet monthly. The PQI Coordinator will identify barriers to missed dental appointments including rationale why mobile clinic was not utilized on the MISEP Spreadsheet.</p> <p><i>Evidence for DCWL- Monthly service records; Monthly MISEP Spreadsheet.</i></p>	<p>monthly meetings scheduled on the third Wednesday, monthly.</p>
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		targeted to address the systemic barriers noted.				
CWCC Contract: Attachment G  Dental- Yearly	Yes	<p>Because this is a repeat violation, the WMPC network implemented new supports beginning on 3/1/2024, to address barriers to timely dental appointments, including addressing barriers such as transportation and provider availability by having a mobile dentist come to the private agencies monthly.</p> <p>It is suspected that the <u>previous CAP was not successful</u> in improving this metric due to systemic issues with dental providers in the local</p>	Jamie Ferrell, PQI Coordinator and Patty Nikolich, PQI Manager	3/1/2024	<p>WMPC will form a partnership with a mobile dentist in Kent County. <i>Evidence for DCWL- Service Agreement with Destiny Dental</i></p> <p>The mobile dental clinic locations will rotate monthly across the service providers within the WMPC Network. WMPC will serve as a liaison to track and monitor appointments via the MISEP Spreadsheet monthly. The PQI Coordinator will identify barriers to missed dental appointments including rationale why mobile clinic was not utilized on the MISEP Spreadsheet. <i>Evidence for DCWL- Monthly service records;</i></p>	Introduced on 3/1/24 via PIP for CCWC review; ongoing monthly meetings scheduled on the third Wednesday, monthly.


		community (i.e., difficulties with getting timely appointments, receiving paperwork timely, etc. The new CAP proposed is targeted to address the systemic barriers noted.			Monthly MISEP Spreadsheet.	
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**Corrective Action Plans must be signed by the Chief Administrator.**

**The Chief Administrator must sign the initial corrective action plan (required).**

Signature Chief Administrator must sign	Title Include title	Date Date signed
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Signature Other applicable persons' signatures	Title Include title	Date Date signed
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Signature 	Title Sonia Noorman	Date 5.3.2024
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Signature	Title	Date
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**Please accept my signature as confirmation this corrective action plan has been fully implemented. (Must be signed by the Chief Administrator).**

Signature CA re-signs when fully implemented	Title Include title	Date Re-signed
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